

PrEP and Insurance Coverage

Managing insurance and cost is an important part of a PrEP regimen. It is important to assess the financial need of potential PrEP candidates before starting PrEP.

Many private insurance plans cover PrEP, as does Medicaid. If patients do not have insurance or adequate coverage, pharmaceutical Patient Assistance Programs may be able to offset the cost of the medication. Additional support may be available from the Patient Access Network Foundation. If a patient is covered by private insurance, Medicaid, or Medicare, they can expect little or no copay for their PrEP prescription. Depending on need, patients applying for assistance may expect some or all of their PrEP prescription to be paid for by these programs. It is also important to note that patients will have costs associated with doctor visits and labs, which are required more frequently while on PrEP.

A Prescriber's Guide to HIV Prevention Pre-Exposure Prophylaxis

PrEP



PrEP



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PrEP

What is PrEP?

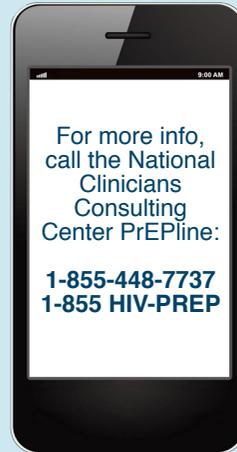
PrEP, or Pre-Exposure Prophylaxis, is the use of antiretroviral medication to prevent acquisition of HIV due to exposure. PrEP is a single pill taken once daily by HIV-negative individuals who are part of key populations at high risk of HIV exposure through sexual contact or injection drug use. PrEP consists of a combination of two drugs, Tenofovir (TDF) and Emtricitabine (FTC), which are available as a fixed dose combination tablet called Truvada®. Taken once daily, studies have shown Truvada® to be highly effective in reducing HIV acquisition among individuals at higher risk for HIV infection.

PrEP

Prescribing Guidelines

Truvada, as **PrEP**, can be prescribed by any licensed prescriber. No specialization in HIV medicine or infectious disease is required.

A guide for prescribing PrEP, as well as a Clinical Provider's Supplement, can be found online at www.cdc.gov by searching for "PrEP". The Clinical Provider's Supplement contains tools such as information sheets and checklists, a risk assessment, counseling information, billing codes, and practice quality measures.



PrEP

Who Should Consider PrEP?

CDC guidelines indicate the following three population groups for PrEP. Individuals must be HIV negative, show normal renal function, and present with at least one of the following indications of substantial HIV Risk:

People Who Inject Drugs

- HIV-positive injecting partner(s)
- Sharing injection equipment
- Recent drug treatment (but currently inject)

Heterosexual Women & Men

- HIV-positive sexual partner(s)
- Recent bacterial STI
- High number of sex partners
- History of inconsistent or no condom use
- Sex work
- High-prevalence area or network

Men Who Have Sex With Men

- HIV-positive sexual partner(s)
- Recent bacterial STI
- High number of sex partners
- History of inconsistent or no condom use
- High-prevalence area or network
- Sex work

PrEP

Research Supporting Truvada as PrEP

The following trials demonstrated the effectiveness of Truvada as PrEP:

- iPrEX (Brazil, Ecuador, Peru, South Africa, Thailand, and USA)
- Partners PrEP Study (Kenya and Uganda)
- TDF2 Study (Botswana)
- Bangkok Tenofovir Study (Thailand)

It is important to note that adherence to medication was the number one indicator in efficacy of Truvada as PrEP.

PrEP

CDC Recommendations

The CDC recommends the following tests before prescribing PrEP:

- Screen for symptoms consistent with recent HIV infection and history of potential exposure
- Test for STIs and HIV infection
- Screen for hepatitis B (vaccinate, if needed) and hepatitis C
- Confirm creatinine clearance is ≥ 60 ml/min

After starting a PrEP regimen, individuals should be seen by a provider at least every three months and screened according to the following guidelines:

Every visit	<ul style="list-style-type: none"> • Adherence to medication regimen • Need for STI/HIV risk reduction counseling • Side effects/symptom management • Test for HIV
3 months	<ul style="list-style-type: none"> • Serum Creatinine or Calculated Creatinine Clearance (3 mo after initially starting PrEP, every 6 mo after) • Pregnancy test, if applicable
6 months	<ul style="list-style-type: none"> • Test for Gonorrhea, Chlamydia, and Syphilis
12 months	<ul style="list-style-type: none"> • Re-evaluate need for PrEP

Potential side effects should also be monitored:



Loss of bone density



Nausea, vomiting, fatigue and dizziness. In most cases, these are temporary.



Decreased renal function

